

<u>Employee Name</u>	<u>Personnel #</u>	<u>AASIS Position #</u>	<u>Full/Part Time</u>
<u>Current Title</u>	<u>Business Area</u>	<u>Class Code</u>	<u>Cost Center</u>
<u>Rater Name</u>		<u>Rater Title</u>	
<u>CLIP REVIEW PERIOD</u> From: To:		<u>Rater Phone #</u>	

CRITERIA	REQUIREMENTS for BONUS	REQUIREMENTS for PROMOTION to
1. Education		
2. Experience		
3. Certification		
4. Conduct	SATISFACTORY or BETTER	SATISFACTORY or BETTER
5. Perf Eval	ABOVE AVERAGE OR EXCEEDS	SATISFACTORY, ABOVE AVERAGE or EXCEEDS
6. Training-- Must Be Specific!		
7. Projects-- As Approved By The DFA Director		
8. Supplemental Requirements		

Beginning of Review Period	Signature	Date
Employee:		
CLIP Rater:		
Reviewing Official:		

DEPARTMENT OF FINANCE AND ADMINISTRATION

_____ is being reviewed for ☐ Bonus OR ☐ Promotion.

EMPLOYEE NAME & PERSONNEL NUMBER _____

Answer questions 1 through 5 for bonus reviews; answer question 6 through 13 for promotion reviews.

BONUS	1. Employee's conduct during this rating period has been:	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory or better
	2. Employee's Performance Evaluation score is: [attach evaluation and related documentation]	<input type="checkbox"/> Unsatisfactory [U] <input type="checkbox"/> Above Average [AA] <input type="checkbox"/> Satisfactory [S] <input type="checkbox"/> Exceeds [E]
	3. Employee has completed and demonstrated abilities related to the required training.	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No [attach documentation] <input type="checkbox"/> None assigned.
	4. Employee has appropriately participated in director-approved project(s).	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No [attach documentation] <input type="checkbox"/> None assigned.
	5. Employee has satisfactorily completed supplemental requirements as assigned.	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No [attach documentation] <input type="checkbox"/> None assigned.
PROMOTION	6. Employee has met the education requirements for the promotion, or has equivalent related experience.	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No
	7. Employee has acquired the necessary related experience for the promotion.	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No
	8. Employee has attained the necessary certification for the position, as required by state specifications.	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No <input type="checkbox"/> None required
	9. Employee's conduct during this rating period has been:	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory or better
	10. Employee's Performance Evaluation score is: [attach evaluation and related documentation]	<input type="checkbox"/> Unsatisfactory [U] <input type="checkbox"/> Above Average [AA] <input type="checkbox"/> Satisfactory [S] <input type="checkbox"/> Exceeds [E]
	11. Employee has completed and demonstrated abilities related to the required training.	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No [attach documentation] <input type="checkbox"/> None assigned.
	12. Employee has appropriately participated in director-approved project(s).	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No [attach documentation] <input type="checkbox"/> None assigned.
	13. Employee has satisfactorily completed supplemental requirements as assigned.	<input type="checkbox"/> Yes [attach documentation] <input type="checkbox"/> No [attach documentation] <input type="checkbox"/> None assigned.

I certify that this employee ☐ has ☐ has not met the requirements for CLIP incentive eligibility, as detailed above and has nine months of work performance within this rating period. *Supporting documentation is attached.*

CLIP Rater's Signature

Date

End of Review Period	Signature	Date
Employee:		
CLIP Rater:		
Reviewing Official:		
Human Resources Use Only		